



CACFP Sponsored At-Risk Program (Site) Review Form

Iowa Child and Adult Care Food Program

Recommended Form
Revised 7/2013
Sponsored At-Risk Site Review Form

Requirement: Sponsors must adequately train, supervise and review sponsored centers (sites) to ensure that CACFP requirements are met. Written site reviews must be done and documented before CACFP participation, and 3 times per fiscal year for sites with 12 claims. If the site has 5-11 claims do 2 reviews, if 1-4 claims do 1 review.

Review averaging option: Sites with 12 claims may receive 2, 3, or 4 reviews if the total number of reviews for all sites equals 3 times the number of total sites and the State is notified in the management plan that review averaging will be used. Review averaging cannot be used for sites with serious deficiencies.

Guidelines: No more than 6 months may elapse between reviews, and no more than 9 months may elapse when 2 reviews are conducted, from one fiscal year to the next. If doing 2 reviews, both must be unannounced, one of which must be at mealtime. Unannounced reviews must be conducted at varied meals and intervals so sponsored center sites cannot predict when reviews will take place. The meals reviewed should be roughly proportional to the meals claimed. All classrooms at the center must be reviewed.

Centers may receive announced or unannounced visits at any time from any CACFP governmental official. Proper ID must be available from any review official. Required review items are highlighted.

1. REVIEW INFORMATION Fiscal year reviews: Pre-approval ☐ 1st ☐ 2nd ☐ 3rd ☐ Review averaging: Y ☐ N ☐

Sponsor name: _____ Site name: _____

THIS REVIEW: Date: _____ (Some items, marked with a ✓, may need to be completed before the review).

Reviewer: _____ Arrival: _____ Departure: _____ Announced ☐ Unannounced ☐ Meal Visit ☐

✓ If visit is at meal time, list meal time submitted on site application to State Agency: _____

• Food Service Inspection Date*: _____ Safety (Fire) Inspection Date*: _____ or DHS License Expiration Date: _____

• Are attendance records current? Y ☐ N ☐ If no, meals may not be claimed for participants not in recorded attendance and staff must be trained to ensure attendance records are current.

• Is attendance recorded separately from meal counts? Y ☐ N ☐

*Must be conducted at least once a year.

✓ **LAST REVIEW:** Pre-approval ☐ 1st ☐ 2nd ☐ 3rd ☐
Date: _____ Announced ☐ Unannounced ☐

Reviewer: _____
Meal observed last review: B A L P S E None

Were there any required changes from the last review? Y ☐ N ☐
If yes, record on back.

Were any serious deficiencies identified? Y ☐ N ☐
(If yes, the current review must be unannounced.)

MISC. :

• Is participants' attendance recorded? Y ☐ N ☐ n/a ☐

• Total daily attendance observed at this review: _____

2. MEAL OBSERVED: (circle) B A L P S E Non-Meal Visit Answer Y, N or n/a for each table.

Enter table, group or class→							Comments
Was meal served within ½ hour of State approved time?							
Was meal adequately supervised?							
Was the meal served family style? If yes:							
• Was enough of each required food on table at beginning of meal for each person seated to have a full serving?							
If staff served food (includes serving lines), were required amounts of all required components served at the beginning of the meal?							
Were all foods passed around the table at least one time?							
Was mealtime atmosphere pleasant?							
Was an accurate meal count taken?							

Circle meal observed: Breakfast AM Snack Lunch PM Snack Supper or check box if this is a Non-Meal Visit <input type="checkbox"/>						
Record foods served and serving sizes						
Meal Component	Food Served↓	Amount Served↓ (total or individual serving sizes)				
Milk (must be skim or 1%)			Did each participant receive the minimum required amount of food? Y <input type="checkbox"/> N <input type="checkbox"/>			
Meat/Meat Alt						
Grain/Bread			Were meal pattern requirements met? Y <input type="checkbox"/> N <input type="checkbox"/>			
Fruit/Veg			Comments:			
Fruit/Veg						
Other (water must be served meals)						
Total number served						
Number in attendance						
4. SAFETY/SANTATION			Yes	No	N/A	Comments
Are washing facilities adequate and accessible?						
Do participants and staff wash hands at appropriate times?						
Are dining tables washed and sanitized before and after meals?						
Are the refrigerator(s) clean and at a temperature 32°-41°F?						
Are the freezer(s) clean and at a temperature of 0° F or below?						
Are cold storage temperatures monitored and recorded?						
Are disposable gloves or clean utensils used to directly handle food?						
Is the three step manual dishwashing procedure followed (wash, rinse, sanitize, air dry).						
If the center has a commercial dishwasher, does it use an appropriate chemical sanitizer and reach required temperatures (120° F) for the wash cycle OR reach required temperatures for the rinse cycle (160° F).						
If a household dishwasher is used, does it have a thermostat that senses a temperature of 150° F or higher before the machine advances to the next cycle OR is a separate hot water heater connected?						
Are transported foods kept at safe temperatures (<41°F, cold foods & >135°F, hot foods)?						
Is an appropriate sanitizer used on tables and food contact surfaces? List: _____.						
Is bleach properly used (EPA registered and mixed properly for its use on food contact surfaces and classroom tables?)						
Is the food preparation area separate from the activity areas and is access restricted to authorized individuals?						
Are food temperatures for entrees monitored and recorded?						
If cloth towels are used, are they used only once, then washed and stored in a clean, covered container?						
Is non-refrigerated food stored 6" or more above the floor in clean, ventilated areas & in original or appropriate/insect proof containers?						
Are bulk foods and leftovers labeled and dated?						
Are regular written cleaning schedules followed?						
Are food storage areas free of pests, cleaning supplies and medicines?						
Does the center have a 72-hr dated, rotated supply of food & water for all children & staff in case of emergencies?						
Are there any obvious fire, health or safety hazards observed in the center?						
5. CIVIL RIGHTS						
Is an "And Justice for All" civil rights poster on display in a public area?						
Are families given the "Building for the Future Brochure" upon enrollment?						
Is racial/ethnic data collected annually? (Staff must complete if the individual or family did not record anything.)						
Have all staff at this site received annual Civil Rights training? (Training must be documented.)						
Are all allowed access to center services and are meals served equally to all participants regardless of race, color, sex, age, disability and national origin?						

6. RECORD KEEPING

FIVE-DAY RECONCILIATION: Compare the meal counts to attendance information for five consecutive days using the center site's records for each meal type (B=breakfast, A=am snack, L=lunch, P=pm snack) claimed during the current or last claim month. Complete the reconciliation for 10% of the participants enrolled at the site (or a minimum of five participants). To claim meals for participants, they must be recorded in attendance at the time meals are served. If participants are claimed when they are not in attendance, this is a discrepancy. The meals must be removed from the claim for reimbursement and a revised claim submitted, if applicable. If meal counts are not recorded by name, compare total attendance to total meal counts. Total attendance should be greater than or equal to total meal counts. If meal counts are greater than attendance, this is a discrepancy.

Participant's Name↓	Record Attendance Dates ↓					Date of Meal Participation:					Date of Meal Participation:					Date of Meal Participation:					Date of Meal Participation:					Date of Meal Participation:					**Discrepancy Y/N
						B	A	L	P	S	B	A	L	P	S	B	A	L	P	S	B	A	L	P	S	B	A	L	P	S	
Example	X	X	X	X	-	X	X	X			X	X				X	X	X			X	X	X			-	-	-			No
1.																															
2.																															
3.																															
4.																															
5.																															
6.																															
7.																															
8.																															
9.																															
10.																															

	Yes	No	N/A	Comments
Are meal participation records up to date (recorded for the last day served)?				
Are allergy/exception statements on file for participants who are unable to follow the CACFP meal pattern?				

7. MENUS

Are daily dated menus on file for all meals served?				
Are menus posted in the kitchen and in each room where food is served?				
Are meal substitutions recorded on menus?				
Do menus offer a variety of colors, flavors, textures, shapes, temperatures, familiar and new foods?				
Do menus include two or more servings of vitamin C food each week?				
Do menus include one or more servings of vitamin A foods per week?				
Do menus include fresh fruits and vegetables at least once per week?				
Are sweets limited to twice per week a snack?				
Are whole grains served at least half the time?				
Are preserved, processed and higher fat meats and entrees limited to one serving/week?				
Are fried, breaded or high fat vegetables (i.e. tater tots, French fries) limited to 3 times per month or less?				
Is skim or 1% milk served to participants?				
Is water available at all meals and throughout the day? (see p. 2-2 CACFP Admin. Manual)				
Are CN labels and recipes available for contracted meals when applicable?				

8. TRAINING

	Yes	No	N/A	Comments
Do key staff * have at least 1.5 hours of CACFP training prior to Program operations or within the last year, and enough to do duties correctly? (Staff may need more than 1.5 hours to correctly perform CACFP duties.)				

If no, list CACFP staff, training topics needed and when this will be provided: (List staff names, topics and dates)

9. TEAM NUTRITION

Do participants have several daily opportunities to learn about food, healthy eating and physical activity?				
Do participants have opportunities for physical activity?				
Do participants have weekly planned food or nutrition activities?				
Do families receive information on center nutrition and physical activity policies when they enroll?				
Do participants with special needs have their nutrition and physical activity needs provided for while they are in care?				

NDINGS

ST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a ☐

Have required changes from previous review(s) been maintained? Y ☐ N ☐ (if no, explain):

THIS REVIEW:
Required changes from this review: Check if n/a ☐
☐ Check here if any serious deficiencies were found. Identify which findings were serious deficiencies:

Corrective action plan to address required changes:
Check if n/a ☐

Good management practices observed:

Recommendations:

Reviewer Signature:

Center Staff Signature:

Key staff that must receive yearly CACFP training are private for-profit center owners, staff with CACFP responsibilities including but not limited to administrative and foodservice staff, site monitors, all teachers/staff with mealtime responsibilities, and volunteers or board members with primary CACFP mealtime and/or decision-making responsibilities pertaining to the claim